

**PUBLIC HEALTH AND MEDICAL (EMERGENCY FUNCTION 08)
SITUATION REPORT
EBOLA VIRUS DISEASE, 2014
DATE OF REPORT: NOVEMBER 6, 2014
OPERATIONAL PERIOD: NOVEMBER 3 – NOVEMBER 7, 2014
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
EMERGENCY MEDICAL SERVICES AUTHORITY**

EXECUTIVE SUMMARY

NOTE: For quicker review of this document, red text will be used for all NEW information added from the previous day within the operational period.

There are currently no suspected or confirmed cases of Ebola Virus Disease (EVD) in California. At present, the situational assessment for the risk of EVD infection in California remains very low.

The outbreak of EVD in the West African countries of Guinea, Liberia and Sierra Leone continues to expand but does not pose a significant risk to the United States. As of the Situation Report dated November 5, 2014, the World Health Organization has reported a cumulative total of 13,042 cases of Ebola Virus Disease and 4,818 deaths.

The Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), California Office of Emergency Services (Cal OES), State level Emergency Function 08 partners, and Emergency Medical Services Authority (EMSA) continue to prepare for the management of potential EVD cases in California.

In order to protect or preserve the public health, on October 29, 2014, the State Public Health Officer of the State of California issued an order requiring quarantine for individuals at risk of contracting and spreading Ebola. The order establishes a statewide protocol to assess the risk posed by these travelers arriving in California. This order is located on the CDPH website at http://www.cdph.ca.gov/Documents/Order_%20Ebola10292014.pdf.

CDPH continues to work with the healthcare community and local health jurisdictions to identify potential suspect cases and avoid spread of the disease. New guidelines and updated guidelines released by CDC and CDPH are posted on the CDPH website available at: (<http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>).

EMSA previously developed interim guidelines for Emergency Medical Services (EMS) personnel based on the recommendations of CDC and the California Department of Industrial Relations (DIR). The guidelines have been distributed to Local Emergency Medical Services Agency (LEMSA) Administrators, LEMSAs Medical Directors and the Regional Disaster Medical Health Coordination (RDMHC) Program. The document is posted on EMSA's website at http://www.emsa.ca.gov/ebola_control. Subsequently, EMSA has convened and is coordinating a workgroup of professionals and subject matter experts representatives from the Emergency Medical Directors Association of California (EMDAC) and representatives from the Emergency Medical Services Administrators Association of California (EMSAAC) to develop best practices utilizing information the Centers for Disease Control and Prevention, the California Department of Public Health, the Department of Industrial Relations (DIR) and Cal-OSHA, along with local policies and procedures developed by local emergency medical services agencies. EMSA, EMDAC, and EMSAAC continue to work with our partners on:

- Recommended personal protective equipment (with DIR/Cal-OSHA)
- Patient Destination (with CDPH and LEMSAs)
- Decontamination

CDPH continues to recommend that healthcare providers implement the protocols established by the CDC about how to detect and isolate patients who may have EVD and about how healthcare workers exposed to EVD can be protected.

DUTY OFFICERS ON CALL

Table 1. Duty Officers On Call		
Agency/Program	Duty Officer Information	
CDPH Duty Officer	Name:	Bonnie Sanders-Mena
	Contact Information:	916-328-3605
EPO Duty Officer	Name:	John Wogec
	Contact Information:	916-328-9025
EMSA Duty Officer	Name:	Michael Frenn
	Contact Information:	916-423-0911

CDPH/DHCS/EMSA CURRENT OPERATIONS

The CDPH internal workgroup to address all public health aspects of the EVD response meets daily.

CENTER FOR INFECTIOUS DISEASES (CID) DIVISION OF COMMUNICABLE DISEASE CONTROL (DCDC)

RCCC/CID Ebola Activities

- **Epidemiology and Surveillance Activities**

- Significant Issues:

- CalREDIE Update:

- Migrated the “Ebola Contact Tracking” & Symptom Diary to Production 10/31
 - Requested the names of State and local individuals who are involved in the Ebola response and need CalREDIE accounts, processing account requests as they come in (175 as of 11/5).
 - Mocked up the Travel History form and the Ebola Case Report. Current focus is on revising and verifying layout of Travel History form.
 - Following up on the non-CalREDIE LHJs.
 - The Epi/Surveillance team continues to refine guidance for:
 - Contact Tracing/Management Plan.
 - Deployment Team Plan.
 - Case Investigation/Management Plan.

CDPH continues to be notified through EpiX of travelers returning to California from Ebola-affected countries. CDPH notifies the local health department/jurisdiction where the traveler returns to ensure local health department implementation of a screening and monitoring plan.

The following information represents activities from the onset of the Ebola response through November 6, 2014

Case Classification	Number of cases	Number tested for Ebola	Results		
			Positive	Negative	Pending
Confirmed case	0				
Case under investigation with high-risk exposure	0				
Persons with low-risk exposure with specimens collected	3	3		3	

- Critical Issues: None
- Program Impacts:
 - Significant program impact on day-to-day activities of DCDC clinical consultants and staff that participate in RCCC activities. DCDC branches are deferring non-essential functions to handle Ebola workload.

- **Laboratory Activities**

- Significant Issues:
 - VRDL continues to prepare laboratory testing readiness, including procurement of Personal Protective Equipment (PPE) and needed reagents and supplies prior to testing Ebola specimens.
 - **VRDL BSL-3 performance integrity to be evaluated by outside vendor on November 21, 2014.**
 - On October 25, 2014, the FDA made an emergency use authorization (EUA) for the BioFire Defense “FilmArray Biothreat-E test”, which is a different Ebola PCR Assay that is from a commercial vendor, not the CDC or DoD. This assay has the greater chance of a “false negative” result (missing a positive patient), because the sensitivity is lower than the CDC DoD PCR Assay.
- Critical Issues:
 - **Anticipate many needed reagents and supplies within 1 – 2 weeks, but PPE needs are still unmet.**
 - Need for Category “A” Packaging and Shipping training of staff at both VRDL and local public health laboratories.
- Program Impacts:
 - Significant impact on day-to-day activities of staff involved in risk assessment and procurement activities.
 - Shortage of PPE will delay training of VRDL staff in donning, doffing, and drilling procedures.

- **Infection Control Activities**

- Critical Issues:
 - There are many reports of healthcare facilities encountering shortages and/or difficulty obtaining recommended PPE.
 - There is a strong need for development and/or dissemination of training materials on proper use of PPE.
- Program Impacts:
 - Significant impact on day-to-day activities of staff across programs and agencies, resulting in setting aside non-essential functions to handle Ebola workload.

- **Information Officer Activities**

- **Key Messages**

- Ebola is NOT an airborne transmitted virus. Isolation and personal protective equipment are focused on **CONTACT ISOLATION** as recommended by the CDC.
 - CDPH and EMSA have a plan and processes for response to Ebola.
 - California's hospitals have the capability and capacity to manage Ebola patients.

RICHMOND CAMPUS COORDINATION CENTER (RCCC) ACTIVITIES

- Significant Issues and Activities:
 - Received and responded to inquiries redirected from the CDPH Hot Line
- **Conducting** CID staff meeting on Ebola
- Critical Issues: None

CDPH DOCUMENTS/MATERIALS RELEASED THIS OPERATIONAL PERIOD

- **CDPH guidance on PPE for healthcare workers during the management of patients with Ebola in California Hospitals.**

ENVIRONMENTAL MANAGEMENT BRANCH (EMB)

The EMB Medical Waste Management Program has updated the "Ebola Virus Disease Medical Waste Management – Interim Guidelines" and are now posted at the program's website: <http://www.cdph.ca.gov/certlic/medicalwaste/Pages/default.aspx>

EMERGENCY PREPAREDNESS OFFICE (EPO)

- CDPH and EMSA continue activation of the MHCC to support activities of the RCCC and departmental programs, and enhance communication between emergency response and preparedness partners in California.
- MHCC and EPO management regularly participate in teleconferences regarding EVD with Federal, State, and local partners, assist in development of guidance documents, and coordinate CDPH program actions.
- MHCC maintains an incident on the Cal EOC website.
- CDPH has contracts in place with World Courier to accommodate transport of EVD samples.

- The call center (1-855-421-5921) remains active as a point of contact for public inquiries.

DIVISION OF LICENSING AND CERTIFICATION

- The first healthcare provider teleconference was held on Wednesday (October 29, 2014) with a target audience of Health Care Facilities/Providers. At this time, this telecom will be held weekly: Wednesday from 11:00 a.m. – 12:00 p.m.

CAHAN ALERTS

November 6, 2014

- None

EMSA

- EMSA is working with the Local Emergency Medical Services Administrators' Association of California (EMSAAC) and the Emergency Medical Directors' Association of California (EMDAC) in developing Guidance for the EMS Management of Infectious Disease such as Ebola. Local EMS Agencies (LEMSAs) are working with their ambulance providers and have identified ambulance companies that will transport these high risk patients. Contra Costa EMS Agency has developed a conceptual model for an Infectious Disease Ambulance Response Team (IDART) and other LEMSAs are developing similar models. AMR has already transported Ebola patients in Texas and is also developing special transport teams and is among the providers outfitting specialized ambulances.
- EMSA has issued guidelines for EMS personnel based upon CDC recommendations through the RDMHC and Medical and Health Coordination (MHOAC) Programs. EMSA is prepared to continue coordination with EPO, RDMHC, and MHOAC Programs.

STATE/REGION OVERVIEW

Table 2. State/Region Overview		
Region/State	Proclamation/Declaration	Activation
MHCC	None	Level I

OPERATIONAL AREA (OA) MEDICAL AND HEALTH SYSTEM OVERVIEW

Table 3. OA Medical and Health System Overview				
Operational Area	Proclamation/ Declaration	Activation	System Condition	Prognosis
Mutual Aid Region III				
Sierra	Unknown	Not reported	Yellow	No change

PUBLIC INFORMATION THIS OPERATIONAL PERIOD

November 6, 2014

- None

GUIDANCE DOCUMENTS RECEIVED FROM NOVEMBER 1 TO NOVEMBER 6

CDC documents are available on the CDC website (CDC.gov). CDPH documents are available on the CDPH website (CDPH.ca.gov). The American Society of Microbiology (ASM) documents can be found on the ASM website (www.asm.org). The Federal Department of Transportation (DOT) documents can be found on the DOT website (www.dot.gov).

Table 4. Guidance Documents Received from November 1, 2014 to November 6, 2014		
Title	Source	Document Date
Ambulatory Care Evaluation of Patients with Possible Ebola Virus Disease (Ebola)	CDC	11-01-14
Questions and Answers about CDC's Ebola Monitoring & Movement Guidance	CDC	11-01-14
Infographic - How Ebola is Spread	CDC	11-01-14
Guidance on PPE for healthcare workers during management of patients with Ebola in California Hospitals	CDPH	11-06-14

RESOURCE REQUESTS

None

FINANCIAL IMPACTS

None